

Kentucky Department for Environmental Protection  
Division of Waste Management  
Underground Storage Tank Branch  
300 Sower Boulevard – Frankfort KY 40601  
(502) 564-5981

FOR OFFICIAL USE ONLY –  
DO NOT WRITE IN THIS SPACE

**DRAFT**

### UST Containment Device Test

Date Form Completed	/ /		
<b>1. UST Facility Information</b>			
Agency Interest Number (AI)			
UST Facility Name			
UST Facility Physical Address	Street Address:		
	City:	County:	Zip Code: -
UST Facility Physical Phone	Phone: ( ) -	Alternate Phone: ( ) -	
<b>2. UST System Owner Information</b>			
UST System Owner Name			
UST System Owner Contact Information	Phone: ( ) -	Alternate Phone: ( ) -	
	Email:		
<b>3. Tester Information</b>			
Name of Person Performing Test			
Certification/License #			
Certification Type (mark all that apply)	<input type="checkbox"/> Tank Manufacturer <input type="checkbox"/> Test Equipment Manufacturer <input type="checkbox"/> Other (specify): _____		
Contact Information	Phone: ( ) -	Email:	
Company Name			
Company Mailing Address	Street Address:		
	City:	State:	Zip Code: -
<b>4. Testing Information</b>			
Reason for Test (indicate UST system for all that apply)	<input type="checkbox"/> Required Periodic Test <input type="checkbox"/> Repair <input type="checkbox"/> Suspected Release <input type="checkbox"/> DEP Directed <input type="checkbox"/> New Installation <input type="checkbox"/> Other (specify): _____		
	Test Equipment		
	Test Method		
<input type="checkbox"/> Vacuum (must attach test equipment manufacturer's data sheet) <input type="checkbox"/> Hydrostatic (only for single walled devices) <input type="checkbox"/> Other (specify): _____			
<b>5. Test Data</b> (Attach additional pages as necessary)			
Test Date	/ /	/ /	/ /
Tank ID Number (e.g., 1, 2, etc.)			
Compartment Number (e.g., 1, 2, etc.)			
Dispenser Number (e.g., 1/2, 3/4, etc.)			

AI \_\_\_\_\_

**Test Data** (continued from Section 5)

Continue columns for Tank ID Number, Compartment Number, and Dispenser Number from previous page

<b>Removed Liquid &amp; Debris</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Visual Inspection</b> (no cracks, loose parts or separation)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>Containment Device Type</b>	<input type="checkbox"/> Spill Bucket <input type="checkbox"/> Catch Basin <input type="checkbox"/> Under-dispenser Containment <input type="checkbox"/> Sump	<input type="checkbox"/> Spill Bucket <input type="checkbox"/> Catch Basin <input type="checkbox"/> Under-dispenser Containment <input type="checkbox"/> Sump	<input type="checkbox"/> Spill Bucket <input type="checkbox"/> Catch Basin <input type="checkbox"/> Under-dispenser Containment <input type="checkbox"/> Sump
<b>Installation Type</b>	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in a Sump
<b>Construction Type</b>	<input type="checkbox"/> Double Wall <input type="checkbox"/> Single Wall	<input type="checkbox"/> Double Wall <input type="checkbox"/> Single Wall	<input type="checkbox"/> Double Wall <input type="checkbox"/> Single Wall
<b>Construction Material</b>			
<b>Diameter (in)</b>			
<b>Depth (ft)</b>			
<b>Starting Water Level</b>			
<b>Test Start Time</b>			
<b>Ending Water Level</b>			
<b>Test End Time</b>			
<b>Test Period (total time)</b>			
<b>Water Level Change</b>			

**6. Test Results**

(Pass/Fail Criteria: must pass both visual inspection and have less than 1/8 inch level drop)

<b>Test Results</b>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>Recommendations</b>	Next Test Due      /      / Repairs <input type="checkbox"/> Yes <input type="checkbox"/> No Report Release <input type="checkbox"/> Yes <input type="checkbox"/> No	Next Test Due      /      / Repairs <input type="checkbox"/> Yes <input type="checkbox"/> No Report Release <input type="checkbox"/> Yes <input type="checkbox"/> No	Next Test Due      /      / Repairs <input type="checkbox"/> Yes <input type="checkbox"/> No Report Release <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Comments</b>			

**7. Certification**☐ Check here if the person completing the form is the same as the tester named in the tester certification below.

<b>Name of Person Completing Form</b>		<b>Date Completed</b>	/      /
<b>Email</b>		<b>Phone Number</b>	(      )      -

I certify that all the information provided on this document is true, accurate, and complete.

<b>Tester Certification</b>	<i>Printed</i>		<b>Date</b>	/      /
	<i>Signature</i>			
	<b>License #</b>		<b>License Expiration Date</b>	/      /

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email [DEP.KORA@ky.gov](mailto:DEP.KORA@ky.gov).